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CONFIRMATION NO. 8412

<b>SERIAL NUMBER</b> 10/810,028	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> F-8441
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**APPLICANTS**  
 Ryszard Szczepanski, Miami, FL;  
*OK M.B.*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/480,610 06/23/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None M.B.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 06/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>M.B.</i> Initials <i>M.B.</i>	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 2021	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
 24131

**TITLE**  
 Massager for a three-headed rotary drive

<b>FILING FEE RECEIVED</b> 610	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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